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# **Health Canada**

## **2013-14**

### **Report on Plans and Priorities**





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## Minister's Message

I am pleased to present Health Canada's 2013-2014 Report on Plans and Priorities which outlines Health Canada's priorities for the next three years. Our evolving priorities are consistent with Health Canada's mandate to help the people of Canada maintain and improve their health.



Over the next three years, Health Canada will continue to be a leader in promoting **health system innovation**. To address emerging pressures on the Canadian health care system, we will work alongside partners, including the provinces and territories, on health system renewal, innovation and sustainability. Health Canada will also address priority health issues by supporting key pan-Canadian organizations such as the Canadian Institute for Health Information and the Canadian Partnership Against Cancer, and through contribution programs that support improved access to health human resources.

Health Canada will work with Canadians and stakeholders to meet new and increasingly complex challenges by **modernizing its regulatory frameworks and programs**. We will build transparent approaches to continue to protect the health and safety of the citizens of Canada, without adding unnecessary burden on industry that inhibits growth, productivity and innovation. Health Canada will continue to be an active partner in international efforts (e.g., Organization for Economic Cooperation and Development, and Regulatory Cooperation Council) to align regulatory approaches. These engagements provide access to the best science available to support regulatory decisions.

Health Canada will continue to work towards **strengthening First Nations and Inuit health programming**. The recently created First Nations and Inuit Health Strategic Plan: A shared path to improved health, outlines how we will move forward in advancing this priority area. We will continue to focus on primary care and public health service delivery models by putting teams in place to improve access to a continuum of services. We will strengthen collaboration with provinces, territories, and with First Nations and Inuit communities to deliver quality services. Health Canada will continue to work alongside Aboriginal Affairs and Northern Development Canada and other key partners to strengthen data and information sharing. Health Canada will implement the *British Columbia Tripartite Framework Agreement on First Nations Health Governance*. In addition, Health Canada will improve the quality and availability of comprehensive mental health and addictions services and will continue to support effective delivery of Non-Insured Health Benefits to eligible First Nations and Inuit.

Health Canada's efforts to increase openness and transparency are aligned with the Government of Canada's Open Government Initiative. We are working to more fully engage citizens in our

policy and program decisions and through a more client-oriented Web presence, and we are proactively communicating on issues that are of importance to Canadians.

I am confident that, by carrying out the plans described in this Report, we will have a positive impact on the health system and, ultimately, on the overall health of Canadians.

The Honourable Leona Aglukkaq, P.C., M.P.  
Minister of Health

## Section I: Organizational Overview

### Raison d'être

Health Canada plays various roles that help Canadians to maintain and improve their health and contribute to strengthening Canada's record as a country with one of the healthiest populations in the world. The Minister of Health is responsible for this organization.








### Responsibilities

First, as a **regulator**, Health Canada is responsible for the regulatory regimes governing the safety of products including food, pharmaceuticals, medical devices, natural health products, consumer products, chemicals, radiation emitting devices, cosmetics and pesticides. It also regulates tobacco products and controlled substances and helps manage the health risks posed by environmental factors such as air, water, radiation and contaminants.

Health Canada is also a **service provider**. For First Nations and Inuit, Health Canada supports: basic primary care services in remote and isolated communities and public health programs including communicable disease control (outside the Territories); home and community care; and, community-based health programs focusing on children and youth, mental health and addictions. Health Canada also provides a limited range of medically-necessary, health-related goods and services to eligible First Nations and Inuit that are not otherwise provided through other public programs or private insurance plans.

Health Canada is a **catalyst for innovation, a funder, and an information provider** in Canada's health system. It works closely with provincial and territorial governments to develop national approaches to health system issues, and promotes the pan-Canadian adoption of best practices. It administers the *Canada Health Act*, which embodies national principles for a universal and equitable, publicly-funded health care system. It provides policy support for the federal government's Canada Health Transfer to provinces and territories, and provides funding through grants and contributions to various organizations to help meet overall health system objectives. Health Canada draws on leading-edge science and policy research to generate and share knowledge and information to support decision-making by Canadians, the development and implementation of regulations and standards, and health innovation.

## Strategic Outcomes and Program Alignment Architecture (PAA)

<b>Strategic Outcome 1</b> A health system responsive to the needs of Canadians	<b>Program 1.1</b> Canadian Health System Policy	<b>Program 1.2</b> Specialized Health Services	<b>Program 1.3</b> Official Language Minority Community Development				
<b>Strategic Outcome 2</b> Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians	<b>Program 2.1</b> Health Products	<b>Program 2.2</b> Food Safety and Nutrition	<b>Program 2.3</b> Environmental Risks to Health  	<b>Program 2.4</b> Consumer Product and Workplace Chemical Safety	<b>Program 2.5</b> Substance Use and Abuse	<b>Program 2.6</b> Radiation Protection 	<b>Program 2.7</b> Pesticides 
<b>Strategic Outcome 3</b> First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status	<b>Program 3.1</b> First Nations and Inuit Primary Health Care  	<b>Program 3.2</b> Supplementary Health Benefits for First Nations and Inuit	<b>Program 3.3</b> Health Infrastructure Support for First Nations and Inuit				
<b>Internal Services</b>							

The Health Canada Program Alignment Architecture supports achievement of three of four themes in the Federal Sustainable Development Strategy:



**Theme I**  
Addressing Climate Change and Air Quality



**Theme II**  
Maintaining Water Quality and Availability



**Theme IV**  
Shrinking the Environmental Footprint - Beginning with Government

## Organizational Priorities

<b>Priority</b>	<b>I - Promote Health System Innovation</b>
<b>Type</b>	Ongoing
<b>Links to Strategic Outcome(s)</b>	1, 2 and 3
<b>Why is this a priority?</b>	The health care system is vital to addressing the health needs of Canadians. Although health care delivery is primarily under provincial jurisdiction, the federal government has an ongoing role in providing financial support for provincial and territorial health insurance plans, maintaining the core principles of the Canada Health Act, and supporting health care innovation and collaboration across jurisdictions. Health Canada can contribute to improving the quality and sustainability of health care as the system continues to evolve in a context of technological change, demographic shifts and fiscal pressures.
<b>Plans for meeting the priority</b>	<ul style="list-style-type: none"> <li>• Work with provinces, territories and other health care partners on health system renewal, innovation and sustainability</li> <li>• Address priority health issues through collaboration with key pan-Canadian organizations, and the management of contribution programs and grants</li> </ul>

<b>Priority</b>	<b>II - Modernize Health Protection Legislation and Programs</b>
<b>Type</b>	Ongoing
<b>Links to Strategic Outcome(s)</b>	2
<b>Why is this a priority?</b>	Health Canada is responsible for a regulatory regime for products in the everyday lives of Canadians, including consumer products, food, pharmaceuticals, medical devices, natural health products, chemicals, radiation emitting devices, cosmetics, and pesticides. As well, Health Canada helps to manage the risks posed by environmental factors, and the health implications of air quality, water quality, radiation, and environmental contaminants. Rapid technological change, the advent of products that blur traditional definitions, and incorporate innovative components, challenge Health Canada's ability to carry out its health and safety mandate. To address this challenge, Health Canada will continue to modernize its regulatory programs.
<b>Plans for meeting the priority</b>	<ul style="list-style-type: none"> <li>• Protect the health and safety of Canadians while reviewing and updating our regulatory frameworks</li> <li>• Contribute to the Government of Canada's efforts to reduce regulatory compliance burden and support co-operation with major trading partners</li> <li>• Communicate clearly with citizens, the private sector and other partners to support an effective and transparent regulatory system for health protection</li> </ul>



<b>Priority</b>	<b>III - Strengthen First Nations and Inuit Health Programming</b>
<b>Type</b>	Ongoing
<b>Links to Strategic Outcome(s)</b>	3
<b>Why is this a priority?</b>	First Nations and Inuit continue to experience serious health challenges. Health Canada plays an important role in supporting the delivery of, and access to, health programs and services for First Nations and Inuit. Health Canada worked with partners on innovative approaches to strengthen access, better integration of health services, and encourages greater control of health care delivery by First Nations and Inuit. Many departmental strategies have evolved to correspond to the health needs of First Nations and Inuit. In addition, Health Canada worked with partners to develop a Strategic Plan for Health Canada's First Nations and Inuit Health Branch, which is intended to provide a stronger sense of coherence and direction for the Branch's activities, and demonstrate how they collectively contribute to improve health outcomes for First Nations and Inuit.
<b>Plans for meeting the priority</b>	<ul style="list-style-type: none"> <li>• Strengthen primary care and public health service delivery models, including implementing interdisciplinary teams to enable access to a continuum of services</li> <li>• Continue collaborative efforts with provinces/territories First Nations and Inuit to deliver quality services, and implement the British Columbia Tripartite Framework Agreement on First Nations Health Governance</li> <li>• Improve quality and availability of comprehensive mental health and addictions services, including defining service levels, standards and indicators</li> <li>• Emphasise collaborative/horizontal work with Aboriginal Affairs and Northern Development Canada (AANDC) and other key partners, and focus on strengthening data and information</li> <li>• Support sustainable delivery of Non-Insured Health Benefits to eligible First Nations and Inuit</li> <li>• Finalize the development, and support the implementation of a First Nations and Inuit health indicators framework, based on nationally comparable data with provincial/territorial health systems and culturally appropriate indicators, for the purposes of enhanced surveillance and effective performance measurement</li> </ul>

<b>Priority</b>	<b>IV – Modernize communications to support transparent, innovative, and accessible information for Canadians</b>
<b>Type</b>	Ongoing
<b>Links to Strategic Outcome(s)</b>	1, 2 and 3
<b>Why is this a priority?</b>	Canadians expect to be engaged by government on health issues and provided with access to the information they need to take action on their health and safety. Health Canada is committed to engaging Canadians so that its policies, programs and services reflect citizen priorities and perspectives, and to using the internet and new technological tools to make information easily accessible.
<b>Plans for meeting the priority</b>	<ul style="list-style-type: none"> <li>• Maintain a high quality web presence while providing accessibility for all Canadians</li> <li>• Continue to improve the openness and transparency of communications and consultation practices to support the Government of Canada's Open Government Initiative</li> </ul>

<b>Priority</b>	<b>V – Build a stronger, more adaptable organization, through strategic investments and business transformation</b>
<b>Type</b>	Ongoing

<b>Links to Strategic Outcome(s)</b>	1, 2 and 3
<b>Why is this a priority?</b>	The Government has committed to restrain the operational spending of all departments and agencies. Given an extensive range of legislated responsibilities, an active policy and program agenda and the need for appropriate investments in the infrastructure to support core departmental operations and programming, Health Canada is committed to identifying efficiencies and reallocating resources to deliver the best results possible and provide value for money.
<b>Plans for meeting the priority</b>	<ul style="list-style-type: none"><li>• Continue to implement transformative business changes</li></ul>

## Risk Analysis

Health Canada is committed to continuous improvement in the way it delivers services to Canadians. Its management system emphasizes flexibility, opportunity seeking and a focus on results. Integral to such a system is awareness and application of risk management principles and practices.

Effective risk management practices equip Health Canada to respond proactively to change and uncertainty by using risk-based approaches and information to enable more effective decision-making throughout the organization. Health Canada's practices build on risk management best practices within the Government of Canada as well as internationally. A key output of the integrated risk management approach at Health Canada is the Corporate Risk Profile. The Profile positions Health Canada to be able to report on its management of risks that have the potential to impact Health Canada's ability to achieve results, deliver on its mandate, and meet Government priorities. Health Canada's Corporate Risk Profile will be maintained and updated in the spring of each year and when significant triggers warrant major changes. As such, it has become an evergreen management tool for use by departmental management and staff.

### Integrated Risk Management and Integrated Planning

Health Canada uses the Corporate Risk Profile to recognize, understand, accommodate and capitalize on new challenges and opportunities. Health Canada's Corporate Risk Profile provides a strategic overview of risks facing the organization, for use by senior management and staff.

There is now an established corporate risk profiling cycle which works in tandem with the Departmental integrated planning process. Senior management is engaged in an annual review of corporate risk areas. The risk information is used in the planning, executing, and reporting on the activities of Health Canada. This year, senior management identified the organization's risk management priority areas, focusing on risks that may have the greatest impact on strategic outcomes and organizational priorities.

The eight risk management priority areas for Health Canada are detailed in the table below, and take into account the internal and external environments. Risk Response Action Plans to address all eight risk areas have been developed and appear in the 2013-14 Corporate Risk Profile. Each corporate risk management priority area is linked to Departmental strategic outcomes and organizational priorities. Through Health Canada's integrated risk management approach, in conjunction with its integrated planning process, Health Canada will ensure that appropriate actions are in place to effectively manage uncertainty.



Health Canada Risk Management Priorities – Links to Strategic Outcomes and Organizational Priorities				
	Risk Statements	Strategic Outcomes Potentially Impacted	Organizational Priorities Potentially Impacted	Summary of Action Plans to Manage Risk*
CRP Priority Area 1	Risks exist with design & reform of regulatory systems to ensure effectiveness & sustainability	Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians	Promote Health System Innovation Modernize Health Protection Legislation and Regulations	Health Canada will target activities to: <ul style="list-style-type: none"> <li>• Implement the Regulatory Roadmap</li> <li>• Implement international regulatory best practices</li> <li>• Work collaboratively with international partners to effectively harmonize regulatory processes</li> <li>• Work with stakeholders/partners on changes to the marihuana regulatory framework</li> </ul>
CRP Priority Area 2	Risks exist with the ability to meet or exceed regulatory performance commitments efficiently	Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians	Modernize Health Protection Legislation and Regulations  Build a stronger, more adaptable organization, through strategic investments and business transformation  Modernize communications to support transparent, innovative, and accessible information for Canadians	Health Canada will target activities to: <ul style="list-style-type: none"> <li>• Implement business process changes for efficiency gains, including pursuing e-business upgrades</li> <li>• Work collaboratively with international partners to effectively harmonize regulatory processes</li> <li>• Develop an enhanced food and drug redress system proposal</li> <li>• Monitor performance of cost recovery financial management</li> <li>• Use project management best practices</li> </ul>
CRP Priority Area 3	Risks exist with health services delivery innovation, regional transformation and linkages to local health delivery systems	First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status	A health system responsive to the needs of Canadians  Strengthen First Nations and Inuit Health Programming	Health Canada will target activities to: <ul style="list-style-type: none"> <li>• Align program/service delivery with provincial systems</li> <li>• Align grants and contributions programs with Aboriginal Affairs and Northern Development Canada (AANDC)</li> <li>• Continue to implement health outcome data collection tools</li> <li>• Develop new indicators to measure progress</li> <li>• Enhance business planning processes for First Nations and Inuit Health</li> </ul>
CRP Priority Area 4	Risks exist with the ability to deliver relevant, effective and timely communications and engagements with stakeholders, clients, and the public.	A health system responsive to the needs of Canadians  Health risks and benefits associated with food, products, substances, and	Modernize communications to support transparent, innovative, and accessible information for Canadians	Health Canada will target activities to: <ul style="list-style-type: none"> <li>• Implement Open Government Strategy with a focus to improve public access to health and safety information online</li> <li>• Develop a corporate consultation and stakeholder information management and reporting system</li> </ul>

Health Canada Risk Management Priorities – Links to Strategic Outcomes and Organizational Priorities				
	Risk Statements	Strategic Outcomes Potentially Impacted	Organizational Priorities Potentially Impacted	Summary of Action Plans to Manage Risk*
		<p>environmental factors are appropriately managed and communicated to Canadians</p> <p>First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status</p>		<ul style="list-style-type: none"> <li>• Develop a risk-based, fast-track communication and approval process</li> <li>• Monitor performance of new service functions through quarterly reporting</li> <li>• Develop regulatory risk communications strategy to support the Health Portfolio</li> </ul>
CRP Priority Area 5	Risks exist with maintaining service levels as Health Canada and PHAC adopt a Shared Services model	Internal Services	Build a stronger, more adaptable organization, through strategic investments and business transformation	<p>Health Canada will target activities to:</p> <ul style="list-style-type: none"> <li>• Develop overarching business strategies to guide the Branch and Health Canada</li> <li>• Develop and implement service standards</li> <li>• Implement Policy congruence initiatives</li> <li>• Implement Employee Engagement Plan</li> <li>• Enhance governance and accountability through development of a corporate governance framework</li> </ul>
CRP Priority Area 6	Risks exist with implementing innovations in grants & contributions delivery to Canadians	<p>A health system responsive to the needs of Canadians</p> <p>First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status</p> <p>Internal Services</p>	Build a stronger, more adaptable organization, through strategic investments and business transformation	<p>Health Canada will target activities to:</p> <ul style="list-style-type: none"> <li>• Implement harmonized common risk management and reporting requirements for grants and contributions</li> <li>• Standardize grants and contributions management</li> <li>• Enhance use of multi-departmental agreements including horizontal terms and conditions</li> <li>• Develop shared accountability requirements</li> <li>• Adopt innovative evaluation techniques</li> <li>• Transform and harmonize financial and Grants &amp; Contribution Systems with Aboriginal Affairs and Northern Development Canada</li> </ul>
CRP Priority Area 7	Risks exist with ensuring the capacity and sustainability of information management	<p>A health system responsive to the needs of Canadians</p> <p>Health risks and</p>	Modernize communications to support transparent, innovative, and accessible information	<p>Health Canada will target activities to:</p> <ul style="list-style-type: none"> <li>• Implement Health Canada and Public Health Agency of Canada Information Management Strategy</li> </ul>

Health Canada Risk Management Priorities – Links to Strategic Outcomes and Organizational Priorities				
	Risk Statements	Strategic Outcomes Potentially Impacted	Organizational Priorities Potentially Impacted	Summary of Action Plans to Manage Risk*
	procedures and practices	benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians  First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status  Internal Services	for Canadians	and related Action Plan <ul style="list-style-type: none"> <li>Review and harmonize Health Canada and Public Health Agency of Canada Information Management policies, training programs and materials</li> <li>Improve internal client readiness and begin deployment of GCDOCS</li> <li>Continue to follow sound investment planning and project management governance and practices</li> </ul>
CRP Priority Area 8	Risks exist with ability to engage and work with jurisdictions and stakeholders to support health care innovation, accountability and sustainability	A health system responsive to the needs of Canadians	Promote Health System Innovation  Build a stronger, more adaptable organization, through strategic investments and business transformation	Health Canada will: <ul style="list-style-type: none"> <li>Enhance relationships with Provinces and Territories and other stakeholders on common interests</li> <li>Develop strategies with key organizations and partners to support a renewed approach to health care</li> </ul>

\* Guided by the Performance Alignment Architecture, activities to manage risks have been allocated to specific branches based on Branch mandates, objectives and associated activities.

## Next Steps

Going forward, Health Canada will continue the integration of risk management practices as a key feature of operational and strategic planning. Implementation of the 2010 Treasury Board Secretariat's *Framework for the Management of Risk* is progressing well and will be ongoing.

Health Canada will continue undertaking engagements with stakeholders in order to enhance understanding and application of risk management practices in planning, resource allocation, and accountability in Health Canada. This will allow for a standardized, comprehensive approach to risk management throughout Health Canada. The objective is to be systematic, proactive and adaptive in response to strategic and operational uncertainties through effective risk management of Departmental priorities.

## Planning Summary

### Financial Resources (Planned Spending - in millions)

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013-14	Planned Spending 2014-15	Planned Spending 2015-16
3,292.2	3,301.1	3,222.2	3,128.3

The financial resources table above provides a summary of the total planned spending for Health Canada for the next three fiscal years.

### Human Resources (Full-time Equivalent – FTE)

2013-14	2014-15	2015-16
9,375	9,037	8,915

The human resources table above provides a summary of the total planned human resources for Health Canada for the next three fiscal years.

The FTE figures do not include the impact of the Shared Services arrangement with the Public Health Agency of Canada which took effect on June 30, 2012.

## Strategic Outcome 1: A Health System Responsive to the Needs of Canadians

### Planning Summary Table for the Programs under this Strategic Outcome (\$ millions)

Program	Actual Spending 2011-12	Forecast Spending 2012-13	Planned Spending			Alignment to Government of Canada Outcomes
			2013-14	2014-15	2015-16	
Canadian Health System Policy	371.3	310.6	296.2	244.6	242.5	Healthy Canadians
Specialized Health Services	22.3	22.8	21.9	22.6	23.2	
Official Language Minority Community Development	39.0	39.8	23.8	23.8	23.8	
<b>Sub-Total</b>	<b>432.6</b>	<b>373.2</b>	<b>341.9</b>	<b>291.0</b>	<b>289.5</b>	

The decrease in planned spending from the 2012-13 forecast spending is primarily the result of savings expected to be achieved through simplifying and streamlining operations and the expiration of certain time-limited spending authorities for which a renewal may be sought.

**Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians**

**Planning Summary Table for the Programs under this Strategic Outcome (\$ millions)**

Program	Actual Spending 2011-12	Forecast Spending 2012-13	Planned Spending			Alignment to Government of Canada Outcomes
			2013-14	2014-15	2015-16	
Health Products	177.2	169.3	156.8	145.8	145.7	Healthy Canadians
Food Safety and Nutrition	67.9	59.3	54.2	54.0	53.9	
Environmental Risks to Health	105.1	115.5	109.8	106.1	105.9	
Consumer Product and Workplace Chemical Safety	27.7	32.9	31.4	31.4	30.9	
Substance Use and Abuse	123.0	117.0	85.7	80.2	79.8	
Radiation Protection	14.0	8.2	15.7	15.5	15.0	
Pesticides	46.8	43.8	41.2	40.3	39.9	
<b>Sub-Total</b>	<b>561.7</b>	<b>546.0</b>	<b>494.7</b>	<b>473.2</b>	<b>471.2</b>	

*The decrease in planned spending from the 2012-13 forecast spending is primarily the result of savings expected to be achieved through simplifying and streamlining operations and the expiration of certain time-limited spending authorities for which a renewal may be sought.*



**Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status**
**Planning Summary Table for the Programs under this Strategic Outcome (\$ millions)**

Program	Actual Spending 2011-12	Forecast Spending 2012-13	Planned Spending			Alignment to Government of Canada Outcomes
			2013-14	2014-15	2015-16	
First Nations and Inuit Primary Health Care	949.1	989.8	954.1	940.8	850.4	Healthy Canadians
Supplementary Health Benefits for First Nations and Inuit	1,111.5	1,226.3	1,017.3	1,040.7	1,065.7	
Health Infrastructure Support for First Nations and Inuit	351.6	267.3	231.6	233.6	216.0	
<b>Sub-Total</b>	<b>2,412.2</b>	<b>2,483.4</b>	<b>2,203.0</b>	<b>2,215.1</b>	<b>2,132.1</b>	

The decrease in planned spending from the 2012-13 for primary health care and supplementary benefits reflects the expiration of time-limited spending authorities for which a renewal may be sought. Decreased spending on Health Infrastructure also reflects savings expected to be achieved through simplifying and streamlining operations.

**Internal Services**
**Planning Summary Table for Internal Services (\$ millions)**

	Actual Spending 2011-12	Forecast Spending 2012-13	Planned Spending		
			2013-14	2014-15	2015-16
Internal Services	379.8	379.6	261.6	242.9	235.7
<b>Sub-Total</b>	<b>379.8</b>	<b>379.6</b>	<b>261.6</b>	<b>242.9</b>	<b>235.7</b>

The decrease in planned spending from the 2012-13 forecast spending is primarily the result of savings expected to be achieved through simplifying and streamlining operations, by sharing common administrative services and by the expiration of certain time-limited spending authorities for which a renewal may be sought.

### Planned Summary Total

Planning Summary Total (\$ millions)

Strategic Outcome Programs, and Internal Services	Actual Spending 2011-12	Forecast Spending 2012-13	Planned Spending		
			2013-14	2014-15	2015-16
<b>Total</b>	<b>3,786.3</b>	<b>3,782.1</b>	<b>3,301.1</b>	<b>3,222.2</b>	<b>3,128.3</b>

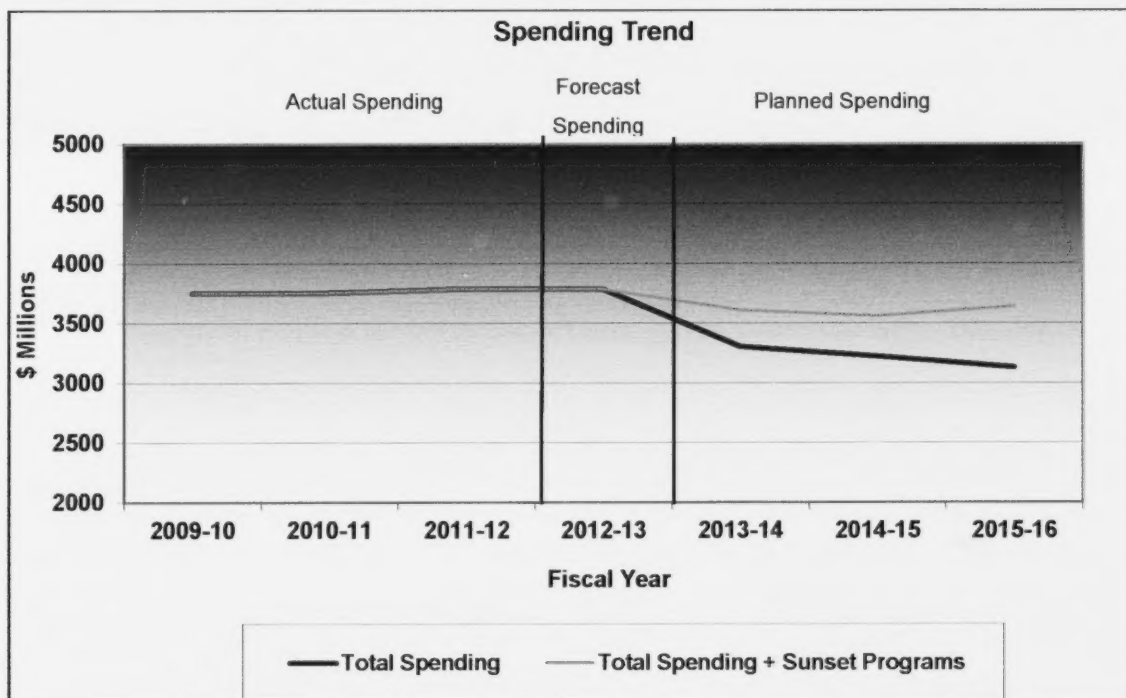
Totals may not add up due to rounding.

Actual spending figures for 2010-11 have not been provided due to changes in the department's program alignment architecture structure.

### Expenditure Profile

For the 2013-14 fiscal year Health Canada plans to spend \$3,301.1 million to meet the expected results of its program activities and contribute to its strategic outcomes. The figure below illustrates Health Canada's spending trend from 2009-10 to 2015-16.

### Departmental Spending Trend



Sunset Programs, if renewed

For the 2009-10 to 2012-13 periods, the total spending includes all Parliamentary appropriation sources: Main Estimates, Supplementary Estimates, and funding from various Treasury Board

Votes. For the 2013-14 to 2015-16 periods, the total spending corresponds to planned spending. Supplementary funding and carry forward adjustments are not reflected.

The decreases in planned spending are associated primarily due to the savings expected to be achieved through simplifying and streamlining operations, and the expiration of certain time-limited spending authorities for which a renewal may be sought.

### Estimates by Vote

For information on organizational appropriations, please see the *2013-14 Main Estimates* publication.

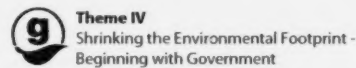
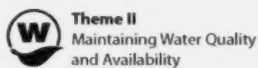
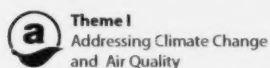
## Contribution to the Federal Sustainable Development Strategy (FSDS)

The Federal Sustainable Development Strategy (FSDS) outlines the Government of Canada's commitment to improving the transparency of environmental decision-making by articulating its key strategic environmental goals and targets. The government will be consulting the public in 2013-14 regarding the second three-year cycle of the FSDS (2013-2016). The 2013-2016 FSDS will be finalized in 2013-14. It will be presented as part of year end performance reporting for 2013-14.

Health Canada ensures that consideration of these outcomes is an integral part of its decision-making processes. In particular, through the federal Strategic Environmental Assessment (SEA) process, any new policy, plan, or program initiative includes an analysis of its impact on attaining the FSDS goals and targets. The results of SEAs are made public when an initiative is announced, demonstrating Health Canada's commitment to achieving the FSDS goals and targets.

Health Canada contributes to the FSDS under three themes:

- Addressing Climate Change and Air Quality
- Maintaining Water Quality and Availability
- Shrinking the Environmental Footprint – Beginning with Government



These contributions are components of the following Programs and are further explained in Section II:

- Program 2.3 – Environmental Risks to Health
- Program 2.6 – Radiation Protection
- Program 2.7 – Pesticides



- Program 3.1 – First Nations and Inuit Primary Health Care
- Internal Services

Additional details on Health Canada's activities to support sustainable development are set out in Section II of this report and [Health Canada's website](#). Complete details on the FSDS are available at [Environment Canada's website](#).

## Section II: Analysis of Programs by Strategic Outcome(s)

### Strategic Outcome 1:

#### A Health System Responsive to the Needs of Canadians

##### Programs in support of Strategic Outcome 1:

Program 1.1 Canadian Health System Policy	Program 1.2 Specialized Health Services	Program 1.3 Official Language Minority Community Development
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##### *Program 1.1: Canadian Health System Policy*

The Canadian Health System Policy program provides strategic policy advice, research, and analysis to support decision-making on health care system issues, as well as program support to provinces and territories, partners, and stakeholders on health care system priorities.

Mindful of equity, sustainability, and affordability Health Canada collaborates and targets its efforts in order to support improvements to the health care system such as improved access, quality, and integration of health care services.

Through the management of grants and contributions agreements with key pan-Canadian health partners, the Canadian Health System Policy program contributes to priority health issues requiring national leadership and strong partnership.

The program objective is to support innovative health care policy and programs to help Canadians maintain and improve their health.

**Financial Resources for this Program in \$ Millions**

<b>Total Budgetary Expenditures (Main Estimates) 2013-14</b>	<b>Planned Spending 2013-14</b>	<b>Planned Spending 2014-15</b>	<b>Planned Spending 2015-16</b>
294.2	296.2	244.6	242.5

**Human Resources for this Program in Full-time Equivalents (FTE)**

<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
267	244	244

**Expected Results, Performance Indicators and Targets for this Program**

<b>Program Expected Results</b>	<b>Performance Indicators</b>	<b>Targets</b>
Acts as a catalyst to address current and emerging health issues and priorities	# of actions taken (e.g. Grant and Contribution signed) to respond to current and emergent issues	6

**Planning Highlights**

Promoting health system innovation will continue to be a primary focus of this program with an emphasis on supporting innovations that improve health care quality, increase health system sustainability and improve overall health system efficiency and effectiveness. This work will be done in partnerships with provincial and territorial governments, health system partners and stakeholders. Health Canada will continue to administer the *Canada Health Act* which embodies national principles for a universal and equitable, publicly-funded health care system.

Health Canada will support pan-Canadian health organizations such as the Canadian Institute for Health Information, the Health Council of Canada, the Canadian Patient Safety Institute and the Canadian Agency for Drugs and Technologies in Health to develop share and apply knowledge and information in their respective domains, contributing to health system improvement. In addition, Health Canada will work with Canada Health Infoway in its work with provinces and territories and other partners to extend the availability of electronic health record and increase the use of eHealth systems at points of care. To support research and help to reduce the overall cancer burden on Canadians, Health Canada will continue to fund and work with the Canadian Partnership Against Cancer Corporation.

The Health Care Policy Contribution Program will respond to emerging health policy priorities and establish collaborative working arrangements with provincial and territorial governments, including supporting the training of more than 100 family medicine residents in rural and remote communities. There will be continued work with partners to make more effective use of existing health workforce's skills, including the provision of support for effective health workforce planning and team-based care, and support for improved workforce integration of internationally-educated health professionals.

Health systems research will be pursued under a new coordinated approach that will support consultation across the Health Portfolio and with academia, as well as a strengthened in-house healthcare system research capacity, focused on healthcare system trends and impacts, health expenditures and forecasts, and population health dynamics. In the same vein, analyzing the emerging landscape of pharmaceutical policy to identify potential areas for collaboration, where Health Canada can support health system innovations that improve health care quality and sustainability. Health Canada will engage with stakeholders from the provinces and territories to share knowledge and information related to health technology management, and to minimise duplication of efforts with respect to the introduction, diffusion and utilisation of health technologies.

### Program 1.2: Specialized Health Services

The Specialized Health Services program supports the Government of Canada's obligation to protect the health and safety of its employees and the health of visiting dignitaries. Health Canada delivers counselling, organizational development and critical incident support services to federal government departments through a network of contracted mental health professionals and also provides immediate response to employees following traumatic incidents in the workplace.

Health Canada delivers medical services to federal public servants who may be exposed to specific health risks due to their type of work. By providing occupational and psycho-social health services to federal public servants, Health Canada pro-actively contributes to reducing the number of work days lost to illness across the federal government.

Health Canada also arranges for the provision of health services for Internationally Protected Persons (IPP) who have come to Canada for international events, such as meetings or official visits by government leaders or the Royal Family. An IPP is a representative of a State, usually Heads of State and/or Government, members of the Royal Family, or officials of an international organisation of an intergovernmental character.

The program objective is to ensure continuity of services and the occupational health of federal public servants who can deliver results to Canadians in all circumstances and to arrange health services for IPPs.

#### Financial Resources for this Program in \$ Millions

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013-14	Planned Spending 2014-15	Planned Spending 2015-16
21.9	21.9	22.6	23.2

#### Human Resources for this Program in Full-time Equivalents (FTE)

2013-14	2014-15	2015-16
288	290	302

*The temporary increase in planned FTEs in 2014-15 and 2015-16 is primarily the result of additional personnel funding approved for the Toronto 2015 Pan American and Parapan American Games.*

#### Expected Results, Performance Indicators and Targets for this Program

Program Expected Results	Performance Indicators	Targets
Federal employees are able to manage their psycho-social issues during and immediately following, stressful or traumatic events.	% of psycho-social cases that are closed within 8 Employee Assistance Program sessions.	70

Reduced absenteeism in the workplace for employees who access employee assistance services.	% reduction in absenteeism in the 30 days that follow an employee's last Employee Assistance Program session versus the 30 days prior.	25
Internationally Protected Persons have access to health services and medical treatment they might require when they are in Canada for regular visits or to participate in major International events.	% of cases examined in which support provided was rated as acceptable or strong (client assessment)	100

### Planning Highlights

Health Canada will provide health protection of Internationally Protected Persons visiting Canada in 2013-2014 and continue to support the Government of Canada's obligation to protect the health and safety of its employees.



### Program 1.3: Official Language Minority Community Development

The Official Language Minority Community Development program involves the administration of Health Canada's responsibilities under Section 41 of the *Official Languages Act*. This Act commits the federal government to enhancing the vitality of official language minority communities and fostering the full recognition and use of English and French in Canadian society.

This program includes: consulting with Canada's official language minority communities on a regular basis; supporting and enabling the delivery of contribution programs and services for official language minority communities; reporting to Parliament and Canadians on Health Canada's achievements under Section 41; and, coordinating Health Canada's activities and awareness in engaging and responding to the health needs of official language minority communities.

The program objectives are to improve access to health services in the minority official language communities and to increase the use of both official languages in the provision of health care services.

#### Financial Resources for this Program in \$ Millions

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013-14	Planned Spending 2014-15	Planned Spending 2015-16
23.8	23.8	23.8	23.8

#### Human Resources for this Program in Full-time Equivalents (FTE)

2013-14	2014-15	2015-16
10	10	10

#### Expected Results, Performance Indicators and Targets for this Program

Program Expected Results	Performance Indicators	Targets
Official Language Minority Communities have access to health care services in the official language of their choice	# of health professionals who have successfully completed training programs (funded by Health Canada)	1,900
	% of program trained health professionals who are retained	86

### Planning Highlights

Health Canada will continue its ongoing responsibilities under the *Official Languages Act* as noted in the Program Activity description above. A key vehicle for this work will continue to be management of the Official Languages Health Contribution Program, which supports health projects focusing on access to health care in minority language communities.



## Strategic Outcome 2:

Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians.

Programs in support of Strategic Outcome 2:

Program 2.1 Health Products	Program 2.2 Food Safety and Nutrition	Program 2.3 Environmental Risks to Health	Program 2.4 Consumer Product and Workplace Chemical Safety	Program 2.5 Substance Use and Abuse	Program 2.6 Radiation Protection	Program 2.7 Pesticides
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### Program 2.1: Health Products

The *Department of Health Act*, and the *Food and Drugs Act and Regulations* provide the authority for Health Canada to develop, maintain, and implement a regulatory framework associated with a broad range of health products that affect the everyday lives of Canadians, including pharmaceutical drugs, biologics and radiopharmaceuticals, medical devices, and natural health products.

Health Canada verifies that the regulatory requirements for the safety, quality, and efficacy of health products are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities.

In addition, Health Canada provides evidence-based, authoritative information to Canadians and key stakeholders, including health professionals such as physicians, pharmacists and natural health practitioners, to enable them to make informed decisions.

The program objective is for Canadians to have access to health products that are safe, effective, and of high quality.

Financial Resources for this Program in \$ Millions

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013-14	Planned Spending 2014-15	Planned Spending 2015-16
156.0	156.8	145.8	145.7

**Human Resources for this Program in Full-time Equivalents (FTE)**

2013-14	2014-15	2015-16
2,130	2,086	2,095

*The decrease in planned spending resources and FTEs is primarily the result of savings expected to be achieved through simplifying and streamlining operations.*

**Expected Results, Performance Indicators and Targets for this Program**

Program Expected Results	Performance Indicators	Targets
Health products available to Canadians on the Canadian market are safe and effective	% of regulated parties that are deemed to be in compliance with the <i>Food and Drugs Act</i> and its associated Regulations through the Inspection Programs	95

**Planning Highlights**

Health products and food are essential components to supporting the health and well-being of Canadians. Through the Regulatory Roadmap, work is underway to modernize health product and food frameworks to achieve an efficient, sustainable and transparent system. The Roadmap sets out the vision to transform nearly a dozen frameworks for health products and food that are of various ages and regulatory approaches into an aligned regulatory system that contributes directly to the safety of Canadians and the benefits they gain from these products. As part of supporting a more open and transparent regulatory environment, staff and stakeholders will be consulted early and throughout the process and information will be shared via Health Canada's website in a timely manner. Furthermore, building an information technology infrastructure and meeting performance standards will be integral to support regulatory review and decision-making.

Given the international nature of the health products industries, and their complex supply chains, partnering with other international regulators is becoming increasingly important. Recognizing the value of foreign regulatory information to Canadian health product market authorization reviews, Health Canada is continuing to make more efficient, consistent and systematic use and integration of foreign regulatory information. As part of the Regulatory Cooperation Council (RCC), Health Canada is collaborating with its U.S. regulatory counterparts to reduce regulatory burden for health products, and to move closer to an automated environment for the exchange, review and management of information supporting the health product review process.

One initiative under the RCC, the U.S. Food and Drug Administration's (FDA) – Health Canada Common Electronic Submission Gateway project, will enable increased collaboration between the two regulatory agencies. This project will allow industry to submit health product submissions online for approval to Health Canada, in the same way they do in the U.S. Health Canada is also conducting a parallel submission review project with the FDA in the area of veterinary drugs. More generally, Health Canada continues to work to harmonize regulatory activities with international partners by sharing information, through collaborative initiatives and

developing international standards through forums such as the International Conference on Harmonization (ICH) and Health Level Seven (HL7) standard development organizations.

## Program 2.2: Food Safety and Nutrition

The *Department of Health Act* and the *Food and Drugs Act* provide the authority for Health Canada to develop, maintain, and implement a regulatory framework associated with the safety and nutritional quality of food. Food safety standards are enforced by the Canadian Food Inspection Agency.

Health Canada develops and promotes evidence-based, national healthy eating policies and standards for Canadians and key stakeholders, including non-governmental organizations, health professionals, and industry associations to enable all stakeholders to make informed decisions about food and nutrition safety as well as healthy eating.

The program objectives are to manage risks to the health and safety of Canadians associated with food and its consumption, and to inform Canadians of the benefits of healthy eating.

### Financial Resources for this Program in \$ Millions

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013-14	Planned Spending 2014-15	Planned Spending 2015-16
51.4	54.2	54.0	53.9

*The increase in planned spending for 2013-14 is for continued enhancements to the Government of Canada's ability to prevent, detect and respond to outbreaks of foodborne illness.*

### Human Resources for this Program in Full-time Equivalents (FTE)

2013-14	2014-15	2015-16
563	539	539

*The decrease in FTEs is primarily the result of savings expected to be achieved through simplifying and streamlining operations.*

### Expected Results, Performance Indicators and Targets for this Program

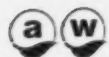
Program Expected Results	Performance Indicators	Targets
Foodborne illness outbreaks and food safety incidents are effectively prevented and managed	% of the time that Canada maintains a ranking amongst the top 5 jurisdictions internationally in responding effectively to food safety recalls  (Note: The Food Safety Performance World Ranking initiative is designed to help identify relative strengths and weaknesses in Canada's food safety performance by comparing across 16 countries.)	100
Canadians make informed eating decisions	% of Canadians who consult Health Canada's healthy eating information (e.g. Canada's Food Guide) to inform their decisions	40

### **Planning Highlights**

Ongoing work under this Program Activity will continue to address the food safety and nutrition concerns of Canadians within Health Canada's mandate.

Health Canada will pursue initiatives to modernize pre-market food review and approvals, enhance its capacity to anticipate and respond to food safety incidents, and develop and implement food and nutrition safety preventative measures. Under the Health Canada Regulatory Modernization Roadmap, actions will include work related to nutrition risks and enhanced risk management measures for priority food safety hazards and contaminants in food.

Health Canada will continue to undertake activities to keep its dietary guidance relevant, up-to-date and based on the most recent scientific evidence. Health Canada will also continue to work with partners and stakeholders on Phase 3 of the Healthy Eating Awareness and Education Initiative, which will focus on Food Skills, the set of skills necessary to provide and prepare safe, nutritious, and culturally acceptable meals for all members of one's household.



### Program 2.3: Environmental Risks to Health

The *Canadian Environmental Protection Act, 1999* and the *Department of Health Act* provide the authorities for the Environmental Risks to Health program to assess and manage the health risks associated with climate change, air quality, drinking water quality, and chemical substances. This program links closely with Health Canada's Health Products, Food Safety and Nutrition, Consumer Product Safety and Pesticides program activities, as the *Food and Drugs Act*, the *Pest Control Products Act*, and the *Canada Consumer Product Safety Act* provide the authority to manage the health risks associated with chemical substances in products in the purview of these program activities.

Key activities include: risk assessment and management as well as research and bio-monitoring of chemical substances; provision of technical support for chemical emergencies that require a coordinated federal response; development of guidelines on indoor and outdoor air quality; development and dissemination of water quality guidelines; and, supporting the implementation of heat alert and response systems in Canadian communities.

The program objective is to protect the health of Canadians through the assessment and management of health risks associated with chemical substances and to provide expert advice and guidelines to partners on the health impacts of environmental factors such as air and water contaminants and a changing climate.

#### Financial Resources for this Program in \$ Millions

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013-14	Planned Spending 2014-15	Planned Spending 2015-16
109.8	109.8	106.1	105.9

#### Human Resources for this Program in Full-time Equivalents (FTE)

2013-14	2014-15	2015-16
801	789	787

*The decrease in planned spending resources and FTEs is primarily the result of savings expected to be achieved through simplifying and streamlining operations.*



**Expected Results, Performance Indicators and Targets for this Program**

<b>Program Expected Results</b>	<b>Performance Indicators</b>	<b>Targets</b>
Canadians, institutions and government partners have the guidance and tools they need to respond to potential and actual environmental risks associated with health	% of planned guidance materials completed	100
	% of substances assessed to be harmful to human health for which at least one risk management instrument was developed within mandated timeframes, by category of substance (new and existing)	100

**Planning Highlights**

Health Canada will continue to implement the Chemicals Management Plan (CMP). Through the use of the substance groupings initiative, rapid screening, research and biomonitoring activities, Health Canada, in partnership with Environment Canada, will gather information and assess the potential human health and ecological risks associated with approximately 1500 substances by 2016 and, where risks have been identified, will take actions to manage these risks.

Health Canada will also continue to: provide expert advice and oversight in support of activities to minimize the risks to Canadians associated with indoor and outdoor air pollution; address the current and anticipated effects to health of a changing climate through the continued implementation of Heat Alert and Response Systems in Canadian communities; and, protect the health of Canadians by developing health-based drinking water guidelines.

## Federal Sustainable Development Strategy (FSDS) Targets Led by Health Canada

### FSDS Goals, Performance Indicators and Targets for this Program



FSDS Goals	Performance Indicators	Targets
Goal 2: Air Pollution: Minimize the threats to air quality so that the air Canadians breathe is clean and supports healthy ecosystems	Health-based assessments of priority indoor air pollutants and associated management tools (# of indoor air and CMP priority indoor pollutant assessments, guidelines, building or product standards)	Help protect the health of Canadians by assessing indoor pollutants and developing guidelines and other tools to better manage indoor air quality
Goal 2: Air Pollution: Minimize the threats to air quality so that the air Canadians breathe is clean and supports healthy ecosystems  Goal 3: Water Quality: Protect and enhance the quality of water so that it is clean, safe and secure for all Canadians and supports healthy ecosystems.	Levels of exposure to substances of concern by substance  *Canadian releases of selected controlled substances  *Percentage decrease of concentrations of selected substances (PFOS and PBDE) in water from baseline data	Reduce risks to Canadians and impacts on the environment posed by harmful substances as a result of decreased environmental concentrations and human exposure to such substances.
Goal 3: Water Quality: Protect and enhance the quality of water so that it is clean, safe and secure for all Canadians and supports healthy ecosystems.	Health-based water guidelines (# of water guidelines/guidance documents approved by F/P/T Committee by product type (guideline/guidance document)	Help protect the health of Canadians by developing health-based water guidelines

\* Indicates that indicator data will be provided by Environment Canada.

Note: In 2013-14 the government will finalize the second three-year cycle of the FSDS (2013-2016), which will provide the basis for performance reporting beginning with the year-end performance report for 2013-14.



**Program 2.4: Consumer Product and Workplace Chemical Safety**

The Consumer Product and Workplace Chemical Safety program supports efforts to protect Canadians from unsafe products and chemicals.

The Consumer Product Safety program supports industry's responsibility for the safety of their products and consumers' responsibility to make informed decisions about product purchase and use. Health Canada's efforts are focussed in three areas: active prevention; targeted oversight; and, rapid response.

The Workplace Chemical Safety program maintains a national hazard communication standard of cautionary labelling and material safety data sheets for hazardous chemicals supplied for use in Canadian workplaces. The program also provides for protection of confidential business information.

The program objectives are to protect Canadians by managing the potential health and safety risks posed by consumer products and cosmetics in the Canadian marketplace and from hazardous chemicals in the workplace.

**Financial Resources for this Program in \$ Millions**

<b>Total Budgetary Expenditures</b> <b>(Main Estimates)</b> <b>2013-14</b>	<b>Planned Spending</b> <b>2013-14</b>	<b>Planned Spending</b> <b>2014-15</b>	<b>Planned Spending</b> <b>2015-16</b>
30.7	31.4	31.4	30.9

**Human Resources for this Program in Full-time Equivalents (FTE)**

<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
249	249	248

**Expected Results, Performance Indicators and Targets for this Program**

<b>Program Expected Results</b>	<b>Performance Indicators</b>	<b>Targets</b>
Risks associated with consumer products and cosmetics in the Canadian marketplace are appropriately managed	% of non-compliant products identified through the Cyclical Enforcement Plan and incident reporting, for which risk management action is taken in accordance with established operating procedures and timelines	85
Confidential Business Information is protected in accordance with the requirements of the <i>Hazardous Materials Information Review Act</i>	# of breaches of confidentiality	0

## Planning Highlights

In support of Health Canada's priority to modernize health protection legislation and programs, the continued implementation of the *Canada Consumer Product Safety Act* (CCPSA) will be the key priority for the Consumer Product Safety program. The Act now provides a more robust set of tools for Health Canada to engage in active prevention, targeted oversight and rapid response. The Program will continue to work with industry, standard setting bodies and international counterparts to develop standards and guidelines and share best practices as appropriate. The Program will also promote consumer awareness of the safe use of consumer products and cosmetics to support informed decision-making.

Health Canada's work on Workplace Chemicals Safety is undergoing transition. This includes the transfer of the functions and responsibilities of the Hazardous Materials Information Review Commission (HMIRC) to the Workplace Hazardous Materials Directorate (WHMD), a newly created directorate in Health Canada's Healthy Environments and Consumer Safety Branch (HECSB). Within WHMD, existing functions from within HECSB related to the Workplace Hazardous Materials Information System (WHMIS) will merge with the confidential business information review role of HMIRC.

To deliver on a key initiative of the Canada-United States Regulatory Cooperation Council Action Plan, Health Canada will continue to implement the Globally Harmonized System of Classification and Labelling of Chemicals (GHS) for workplace chemicals.

### ***Program 2.5: Substance Use and Abuse***

Under the authority of several Acts, the Substance Use and Abuse program regulates tobacco products and controlled substances.

Through the *Tobacco Act* and its regulations the program regulates the manufacture, sale, labelling and promotion of tobacco products. The program leads the Federal Tobacco Control Strategy, the goal of which is to further reduce the prevalence of smoking through regulatory, programming, educational and enforcement activities.

Through the *Controlled Drugs and Substances Act* and its regulations, the program regulates access to controlled substances and precursor chemicals to support their legitimate use and minimize the risk of diversion for illicit use. As a partner department under the National Anti-Drugs Strategy (NADS), the program supports prevention, health promotion, treatment initiatives, and enforcement with the goal of reducing substance use and abuse.

In addition, the program provides timely, evidence-based information to key stakeholders including, but not limited to, law enforcement agencies, health professionals, provincial and territorial governments and Canadians.

The program objective is to manage risks to the health of Canadians associated with the use of tobacco products, and the illicit use of controlled substances and precursor chemicals.

#### **Financial Resources for this Program in \$ Millions**

<b>Total Budgetary Expenditures (Main Estimates) 2013-14</b>	<b>Planned Spending 2013-14</b>	<b>Planned Spending 2014-15</b>	<b>Planned Spending 2015-16</b>
84.9	85.7	80.2	79.8

#### **Human Resources for this Program in Full-time Equivalents (FTE)**

<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
372	357	357

*The decrease in planned spending resources and FTEs is primarily the result of savings expected to be achieved through simplifying and streamlining operations.*

**Expected Results, Performance Indicators and Targets for this Program**

<b>Program Expected Results</b>	<b>Performance Indicators</b>	<b>Targets</b>
Reduction in tobacco prevalence	% of current Canadian smokers (15+) reduced	17
Reduction in illicit drug use	% of Canadians who abuse psychoactive drugs (15+) reduced	10
	% of youth (age 15-24) who abuse psychoactive drugs reduced  Note: The % of Canadians who abuse psychoactive drugs is defined as using at least one of the following substances at least once in the past 12 months: cannabis, cocaine/crack, meth/crystal meth, ecstasy, hallucinogens, salvia, inhalants, heroin and pain relievers, stimulants or sedatives to get high.	23

**Planning Highlights**

Health Canada will continue supporting the prevention and treatment of illicit drug use through multi-year projects funded through calls for proposals for the Drug Strategy Community Initiatives Funds (DSCIF) and the systems component of the Drug Treatment Funding Program (DTFP).

Through the *Tobacco Act* and its regulations, Health Canada regulates the manufacture, sale, labelling, and promotion of tobacco products. Health Canada will continue to work with its federal partners and stakeholders including provinces, territories and non-governmental organizations to support a comprehensive tobacco control environment that is recognized around the world.

Health Canada will finalize the *Marihuana for Medical Purposes Regulations* and implement this new regulatory framework that will maintain reasonable access to dried marihuana for seriously ill Canadians through the Marihuana Medical Access Program.

Health Canada will continue to work with the Department of Justice and other partners to implement the National Anti-Drug Strategy (NADS), playing a key role in the areas of treatment and prevention of substance abuse and enforcement of the *Controlled Drugs and Substances Act* and supporting regulations.

Health Canada will continue to support the Canadian Centre on Substance Abuse to provide national leadership, produce evidence-informed analysis and advice, and mobilize collaborative efforts to reduce alcohol and drug-related harm.



## Program 2.6: Radiation Protection

The *Department of Health Act*, the *Radiation Emitting Devices Act*, and the *Comprehensive Nuclear-Test-Ban Treaty Implementation Act* provide the authority for the Radiation Protection program to monitor, regulate, advise, and report on exposure to radiation that occurs both naturally and from man-made sources. In addition, the program is licensed under the Canadian Nuclear Commission's *Nuclear Safety and Control Act* to deliver the National Dosimetry Service, which provides occupational radiation monitoring services.

The key components of the program are environmental monitoring, provision of technical support for a radiological /nuclear emergency that requires a coordinated federal response, occupational safety, and regulation of radiation emitting devices.

The program objective is to inform and advise other government departments, international partners, and Canadians in general about the health risks associated with radiation, and inform Canadians of strategies to manage associated risks.

### Financial Resources for this Program in \$ Millions

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013-14	Planned Spending 2014-15	Planned Spending 2015-16
15.0	15.7	15.5	15.0

### Human Resources for this Program in Full-time Equivalents (FTE)

2013-14	2014-15	2015-16
171	170	170

### Expected Results, Performance Indicators and Targets for this Program

Program Expected Results	Performance Indicators	Targets
Canadians, Institutions and Government partners have the guidance they need to respond to potential and actual radiation risk.	% of planned guidance documents completed.  Note: Guidance documents include emergency plans, safety codes, regulations, Memorandums of Understanding.	80

### **Planning Highlights**

Health Canada will validate the renewed Federal Nuclear Emergency Plan by working with federal and provincial partners to conduct a National level full scale exercise of radionuclear emergency response plans.

Health Canada will continue to increase awareness of risks, health impacts and mitigation strategies related to indoor radon exposure through a broad-based public awareness campaign. This includes encouraging Canadians to test their homes and to reduce radon levels, if necessary.

Health Canada will continue to meet international and national requirements related to environmental radiation monitoring. Environmental radiation monitoring activities support Canada's obligations under the Comprehensive Nuclear-Test-Ban-Treaty.

Health Canada will continue its work to reduce risks associated with radiation emitting devices. To increase Canadians' awareness and understanding of risks related to these devices, the department will conduct research and develop and/or amend guidelines, regulations and safety codes for the safe use of radiation emitting devices.





## Program 2.7: Pesticides

The *Pest Control Products Act* provides Health Canada with the authority to regulate and register pesticides, under the Pesticides program.

In the delivery of this program, Health Canada conducts activities that span the lifecycle of a pesticide, including: product assessment for health and environmental risks and product value; risk management; post market surveillance; compliance and enforcement; changes in use, cancellation, or phase out of products that do not meet current standards; and, consultations and public awareness building.

Health Canada is also an active partner in international efforts (e.g., North American Free Trade Agreement; Organization for Economic Cooperation and Development, Regulatory Cooperation Council) to align regulatory approaches. These engagements provide access to the best science available to support regulatory decisions and promote consistency in the assessment of pesticides.

The program objective is to protect the health and safety of Canadians and the environment relating to the use of pesticides.

### Financial Resources for this Program in \$ Millions

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013-14	Planned Spending 2014-15	Planned Spending 2015-16
40.4	41.2	40.3	39.9

### Human Resources for this Program in Full-time Equivalents (FTE)

2013-14	2014-15	2015-16
519	512	511

### Expected Results, Performance Indicators and Targets for this Program

Program Expected Results	Performance Indicators	Targets
Industry meets regulatory requirements for new pesticides.	% of submissions that meet regulatory requirements	80
Pesticides in the marketplace continue to meet modern scientific standards	% of registered pesticides that are re-assessed according to the Re-evaluation Work Plan	80
International collaboration is leveraged to maximize access to global science for the registration of pesticides	% of new pesticides reviewed in collaboration with international partners	80

## Planning Highlights

Health Canada will enhance collaborative efforts, with other international regulatory organizations, and improve the effective use of international science, including foreign reviews, in support of the prevention of unacceptable risks to people and the environment from the use of pest control products.

A safety-based approach, for pre-market and post-market assessments, supports ongoing risk reduction and protection of the health and safety of Canadians and the environment. An effective registration process provides Canadians with timely access to safer and innovative pesticides. Health Canada continues to implement a re-evaluation program based on a fifteen-year cycle, in accordance with the *Pest Control Products Act*, and support oversight activities in areas of food, consumer and environmental protection in cooperation with international partners. In addition to the activities described above, and as a key initiative for the Agency, emphasis will be placed on continuing to develop a proposal for a revised cost recovery framework.

## Strategic Outcome 3:

**First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status**

Programs in support of Strategic Outcome 3:

Program 3.1 First Nations and Inuit Primary Health Care	Program 3.2 Supplementary Health Benefits for First Nations and Inuit	Program 3.3 Health Infrastructure Support for First Nations and Inuit
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### *Program 3.1: First Nations and Inuit Primary Health Care*

The *Department of Health Act 1996*, and the Indian Health Policy (1979) provide the authority for the delivery of the First Nations and Inuit Primary Health Care program to First Nations and Inuit in Canada. Primary health care includes health promotion and disease prevention, public health protection (including surveillance), and primary care (where individuals are provided diagnostic, curative, rehabilitative, supportive, palliative/end-of-life care, and referral services).

The department administers contribution agreements and direct departmental spending related to child development, mental wellness and healthy living, communicable disease control and management, environmental health, clinical and client care, as well as home and community care.

The program objective is to improve the health and safety of First Nations and Inuit individuals, families, and communities.

#### Financial Resources for this Program in \$ Millions

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013-14	Planned Spending 2014-15	Planned Spending 2015-16
954.1	954.1	940.8	850.4

#### Human Resources for this Program in Full-time Equivalents (FTE)

2013-14	2014-15	2015-16
1,152	1,081	990

*The decrease in planned spending resources and FTEs is primarily the result of the expiration of certain time-limited spending authorities for which a renewal may be sought.*

**Expected Results, Performance Indicators and Targets for this Program**

Program Expected Results	Performance Indicators	Targets
Health and safety of First Nations and Inuit are improved	% of First Nations adults reporting being in excellent or very good health (baseline 44.1)	45*
	% of Inuit adults reporting being in excellent or very good health (baseline 50)	50.5
	% of primary health care programs working with First Nations and Inuit to incorporate cultural approaches into programming.	80

\* The target date for this one performance indicator is March 31, 2017. The baseline for this target came from the Regional Health Survey (RHS) of 2008-10. The RHS data is collected every 5 years. The results of the next survey will not be available until end of FY 2017.

**Planning Highlights**

Health Canada is committed to strengthening primary care and public health service delivery. Health Canada is working to develop standards and related indicators across all program and service areas and align funding approaches accordingly.

Health Canada will examine and renew models of primary health care in remote and isolated First Nations communities, including the development of a Chronic Disease Prevention and Management Framework. This framework will guide chronic disease programs and services, across all First Nations and Inuit communities, and facilitate and mobilize new interdisciplinary health teams inclusive of professionals, paraprofessionals, traditional practitioners and clients themselves. In addition, the Department, through the Aboriginal Health Human Resources Initiative and program specific funding such as the Aboriginal Diabetes Initiative, continues to support education and training for community-based health workers to bring them in line with provincially-recognized careers/professions.

Health Canada is also committed to improving the quality and availability of comprehensive mental health and addictions services. As such, a comprehensive First Nations Mental Wellness Continuum Framework is being developed which will identify opportunities to build on community strengths and control of resources, to strengthen existing mental wellness programming for First Nations communities. Work is also underway with Inuit partners on a specific Inuit mental wellness continuum framework.

Health Canada will continue the implementation of Honouring Our Strengths (the renewal framework for the National Native Alcohol and Drug Abuse Program (NNADAP) at community, regional and national levels. Implementation involves the development of tools, guides and other supports that will contribute to strengthen programs and services. These activities are jointly managed and guided by the NNADAP Renewal National Partners – Assembly of First Nations, National Native Addictions Partnership Foundation, and Health Canada, in consultation with a national Leadership Team and relevant service providers, organizations, and partners.

Health Canada is working collaboratively with First Nations and Inuit and Provincial and Territorial partners to enhance public health services, including health protection, with Health Canada initiating work on a national blood borne infection / sexually transmitted infection approach with a particular focus on HIV/AIDS and continuing work in collaboration with partners to strengthen the management of drinking water.

Health Canada will continue to support the implementation of the *British Columbia Tripartite Framework Agreement on First Nation Health Governance* and the transition of the funding associated with these service, supported by Health Canada in BC Region, to the First Nations Health Authority.

### Federal Sustainable Development Strategy (FSDS) Targets Led by Health Canada

#### FSDS Goals, Performance Indicators and Targets for this Program



FSDS Goals	Performance Indicators	Targets
Goal 3: Water Quality: Protect and enhance the quality of water so that it is clean, safe and secure for all Canadians and supports healthy ecosystems.	*Percentage of First Nation communities with acceptable water and wastewater facility risk ratings	Increase the percentage of First Nation communities with acceptable water and wastewater facility risk ratings by 2013

\* Indicates that indicator data will be provided by Aboriginal Affairs and Northern Development Canada.

Note: In 2013-14 the government will finalize the second three-year cycle of the FSDS (2013-2016), which will provide the basis for performance reporting beginning with the year-end performance report for 2013-14.



**Program 3.2: Supplementary Health Benefits for First Nations and Inuit**

Under the Supplementary Health Benefits for First Nations and Inuit program, the Non-Insured Health Benefits (NIHB) program provides registered First Nations and recognized Inuit residents in Canada with a specified range of medically necessary health-related goods and services, which are not otherwise provided to eligible clients through other private or provincial/territorial programs. NIHB include: pharmaceuticals; medical supplies and equipment; dental care; vision care; short term crisis intervention and mental health counselling; and, medical transportation to access medically required health services not available on reserve or in the community of residence. The NIHB program also pays health premiums on behalf of eligible clients in British Columbia.

Benefits are delivered through registered, private sector health benefits providers (e.g., pharmacists and dentists) and funded through NIHB's electronic claims processing system or through regional offices. Some benefits are also delivered via contribution agreements with First Nations and Inuit organizations and the territorial governments in Nunavut and Northwest Territories.

The program objective is to provide non-insured health benefits to First Nations and Inuit people to improve their health status to be comparable to that of the Canadian population.

**Financial Resources for this Program in \$ Millions**

<b>Total Budgetary Expenditures (Main Estimates) 2013-14</b>	<b>Planned Spending 2013-14</b>	<b>Planned Spending 2014-15</b>	<b>Planned Spending 2015-16</b>
1,017.3	1,017.3	1,040.7	1,065.7

**Human Resources for this Program in Full-time Equivalents (FTE)**

<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
488	479	479

**Expected Results, Performance Indicators and Targets for this Program**

<b>Program Expected Results</b>	<b>Performance Indicators</b>	<b>Targets</b>
First Nations and Inuit have access to non-insured health benefits	% of eligible First Nations and Inuit population who accessed one of the following non-insured health benefits in a year: • Pharmacy/Medical Supplies & Equipment • Medical Transportation • Dental Care • Vision Care	72



## Planning Highlights

The Non-Insured Health Benefits (NIHB) Program continues to fund, in a cost effective manner, the provision of evidence-based supplementary health benefits to eligible First Nations and Inuit, where not otherwise provided to eligible clients through other private or provincial programs, including drugs and medical supplies and equipment, dental care, vision care, short term crisis intervention mental health counselling, and medical transportation to access medically required services not available on-reserve or in the community of residence.

The ongoing activities of providing non-insured health benefits coverage to over 896,000 eligible First Nations people and Inuit will continue. As part of ongoing efforts to enhance efficiencies in Program administration, Health Canada will complete the planned centralization of NIHB dental benefits administration in Ottawa, as well as continuing to implement measures in support of coordination of benefits with other plans. The NIHB Program will strive for continuous improvement in ongoing communications with clients, providers and their representatives regarding NIHB coverage and administration through newsletters and other web-publications.

The NIHB Program has a wide range of measures in place so that eligible First Nations and Inuit clients have access to necessary medications, with an emphasis on client safety. The NIHB Program has developed a strategy to help address prescription drug abuse, and will continue to build on current client safety activities such as monitoring of prescription drug utilization, and placing restrictions on opioids and other drugs of concern. Additional details on NIHB's client safety measures are available in the Client Safety Report section of the NIHB Annual Report.

Health Canada will support the implementation of the *British Columbia Tripartite Framework Agreement on First Nation Health Governance* and the transition of the funding associated with these benefits, supported by Health Canada in BC Region, to the First Nations Health Authority.

### **Program 3.3: Health Infrastructure Support for First Nations and Inuit**

The *Department of Health Act 1996*, and the Indian Health Policy (1979) provide the authority for the Health Infrastructure Support for First Nations and Inuit program to administer contribution agreements and direct departmental spending to support the delivery of health programs and services.

The program promotes First Nation and Inuit capacity to design, manage, deliver, and evaluate health programs and services. To better meet the unique health needs of First Nations and Inuit individuals, families, and communities this program also supports: innovation in health program and service delivery; health governance partnerships between Health Canada, the provinces, and First Nation and provincial health services; and, improved integration of First Nation and provincial health services.

The program objective is to help improve the health status of First Nations and Inuit people, to become comparable to that of the Canadian population over the long-term.

#### **Financial Resources for this Program in \$ Millions**

<b>Total Budgetary Expenditures (Main Estimates) 2013-14</b>	<b>Planned Spending 2013-14</b>	<b>Planned Spending 2014-15</b>	<b>Planned Spending 2015-16</b>
231.6	231.6	233.6	216.0

#### **Human Resources for this Program in Full-time Equivalents (FTE)**

<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
113	111	84

*The decrease in planned spending resources and FTEs between 2014-15 and 2015-16 is primarily the result of the expiration of certain time-limited spending authorities for which a renewal may be sought.*

#### **Expected Results, Performance Indicators and Targets for this Program**

<b>Program Expected Results</b>	<b>Performance Indicators</b>	<b>Targets</b>
Innovative and integrated health governance relationships are increased	% of provinces/territories with multi-jurisdictional agreements to jointly plan, deliver and/or fund integrated health services for aboriginal Canadians	100
The capacity of First Nations and Inuit to influence and/or control (design, deliver, and manage) health programs and services is improved	Increase in the number of communities that have Flexible or Block funding agreements (i.e. communities that design, deliver and manage their health programs and services) from the current baseline of 486	496

## Planning Highlights

Much of the ongoing work under this program activity involves engagement and coordination of health infrastructure initiatives with partners, particularly the Assembly of First Nations, the Inuit Tapiriit Kanatami, the Public Health Agency of Canada and Aboriginal Affairs and Northern Development Canada. Through collaboration efforts, partners explore and develop approaches in areas of mutual interest for advancing First Nations and Inuit health, guide health survey research and analysis, and seek to harmonize or improve the practices and systems that departments use to manage contribution agreements.

Health Canada will continue to support the implementation of the *British Columbia Tripartite Framework Agreement on First Nation Health Governance* and the transition of funding associated with these services, supported by Health Canada in BC Region, to the First Nations Health Authority. As set out in the *Health Partnership Accord*, the department is committed to supporting its evolving and enduring relationship with British Columbia provincial partners, and with First Nations Health Authority and First Nations Health Council partners to achieve the shared vision of healthy First Nations individuals, families and communities.

Health Canada will implement eHealth tools (such as electronic health records) in communities with community health professionals having access to a range of clinical and program support tools including integrated client medical records, and will develop an information management system related to clinical client care. The Department will also advance the deployment and use of interoperable emerging technologies in clinical and public health services and management.

Health Canada will develop and implement a surveillance and information framework for FNIHB that is compatible and integrated with First Nations/Inuit/ provincial/territorial surveillance strategies and relevant at the community and regional levels. In collaboration with First Nations and Inuit, Health Canada will develop a guiding framework for data sharing agreements with First Nations, Inuit, and provincial/territorial governments for the collection, use and dissemination of data.

Health Canada will align and streamline processes where possible and examining these processes with First Nations; build upon their expertise to implement a harmonized risk management approach, common default prevention and management. Work on common reporting requirements will result in the development and implementation of a single federal standardized financial reporting protocol.

## Internal Services

### Financial Resources for this Program in \$ Millions

Total Budgetary Expenditures (Main Estimates) 2013-14	Planned Spending 2013-14	Planned Spending 2014-15	Planned Spending 2015-16
261.0	261.6	242.9	235.7

### Human Resources for Internal Services in Full-time Equivalents (FTE)

2013-14	2014-15	2015-16
2,252	2,120	2,101

### Planning Highlights

In June 2012, the Deputy Heads of Health Canada and the Public Health Agency of Canada (PHAC) signed a Shared Services Partnership Framework Agreement. Under this agreement, each organization retains responsibility for a different set of internal services and corporate functions. The planning highlights for those services for which Health Canada retains responsibility are reflected below.

#### Communications:

Health Canada is committed to engaging Canadians and providing them with access to the information they need to take action on their health and safety. A number of initiatives are underway to support this commitment, including the open and transparent access and exchange of information on Health Canada and PHAC programs, policies and regulations; the development of innovative communications products, services and channels; the enhancement of risk and emergency communications; and the provision of integrated and strategic communications advice, strategies and services to our internal clients.

#### Internal Financial Services:

Health Canada will support improvements in the efficiency, standardization and streamlining of internal financial services by merging Health Canada's and PHAC's procurement operations; consolidating fourteen accounting sites across Canada into two national accounting operations hubs; and using electronic workflow technology and standardized business processes for procurement and payment transactions. This will result in administrative savings, enhanced internal controls, and improved timeliness and accuracy of the procurement and payment processes.

Health Canada will also continue to enhance and align performance measurement and reporting, and integrated risk management to improve operational management and strengthen Health Canada's capacity to account to Parliament and Canadians for the results of its expenditures.

Human Resources, Real Property, Information Management /Information Technology and Security:

Health Canada plans to consolidate, harmonize and optimize resources and business process to deliver on the benefits of the shared services model. Health Canada will simplify and standardize operational policies in the areas of Human Resources, Real Property, Information Management /Information Technology and Security to support more efficient operations while ensuring consistent and equivalent services to both Health Canada and PHAC. Key initiatives include the implementation of common HR processes; a strategy for aging IT; a National Accommodation Strategy; and, the initial implementation of an Enterprise Content Management System.

As part of regular functions under this Program Activity, the Department will contribute to the Federal Sustainable Development Strategy by shrinking the environmental footprint in the following areas: greenhouse gas emissions for fleet; electronic and electrical equipment; printing units; and, paper consumption. The Department also supports green buildings and green procurement.



## Section III: Supplementary Information

### Financial Highlights

The future-oriented financial highlights presented within this RPP are intended to serve as a general overview of Health Canada's financial position and operations. These future-oriented financial highlights are prepared on an accrual basis to strengthen accountability and improve transparency and financial management.

#### Future-oriented Condensed Statement of Operations

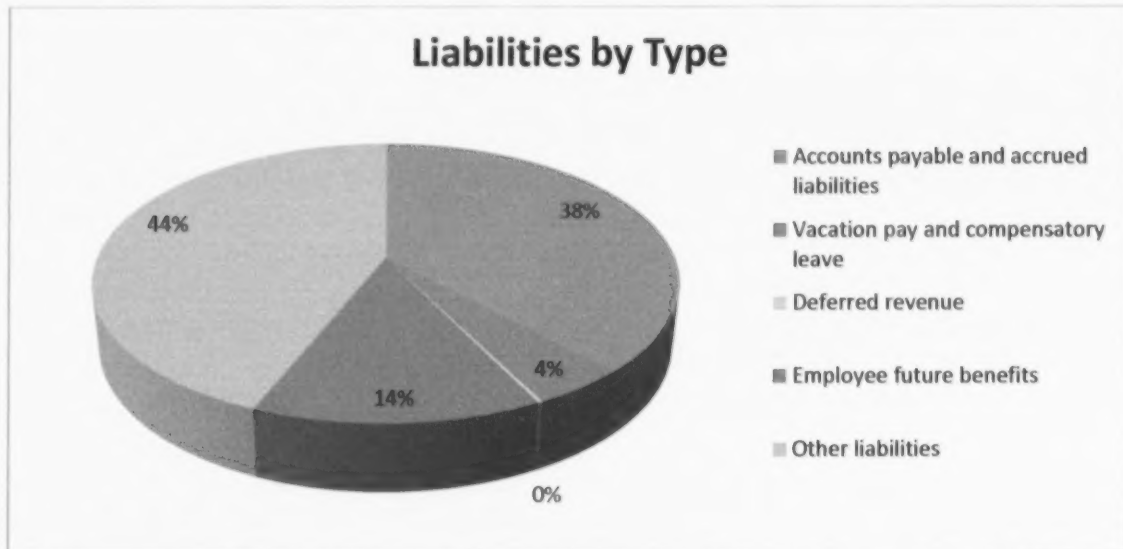
<b>Condensed Future-oriented Statement of Financial Position (Unaudited)</b> <b>As at March 31, 2014</b> <b>(in thousands of dollars)</b>			
	Change %	2013-14	2012-13
Total net liabilities	(12%)	821,605	932,984
Total net financial assets	(51%)	92,598	189,153
Departmental net debt	(2%)	729,007	743,831
Total non-financial assets	0%	146,361	145,846
Departmental net financial position	3%	(582,646)	(597,985)

<b>Condensed Future-oriented Statement of Operations and Departmental Net Financial Position (Unaudited)</b> <b>For the Year Ended March 31, 2014</b> <b>(in thousands of dollars)</b>			
	Change %	2013-14	2012-13
Total expenses	(12%)	3,515,438	3,977,381
Total revenues	3%	115,849	112,781
Net cost from continuing operations	(12%)	3,399,589	3,864,600
Transferred operations	100%	4,523	-
Net cost of operations before government funding and transfers	(12%)	3,404,112	3,864,600
Departmental net financial position	3%	(582,646)	(597,985)



## Financial Highlights—Charts

### Liabilities by Type

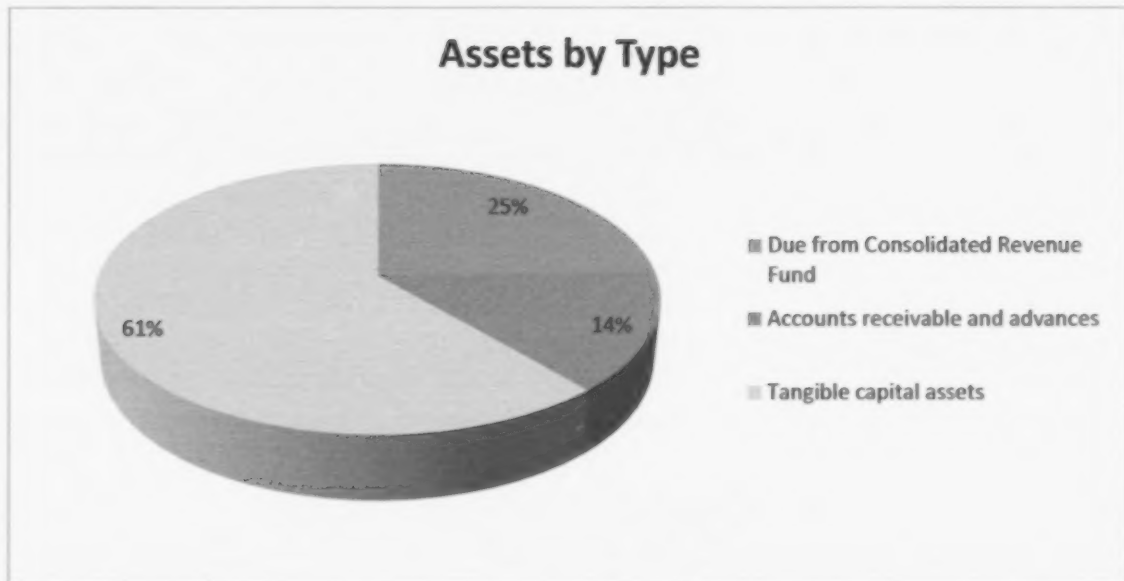


Total liabilities are anticipated to be \$821.6M for 2013-14, a net decrease of \$111.8M from 2012-13 projections.

The breakdown of liabilities is as follows:

- Accounts payable and accrued liabilities \$311.0M;
- Vacation pay and compensatory leave \$36.0M;
- Deferred revenue \$1.7M;
- Employee future benefits \$115.4M; and
- Other liabilities \$357.6M.

## Assets by Type

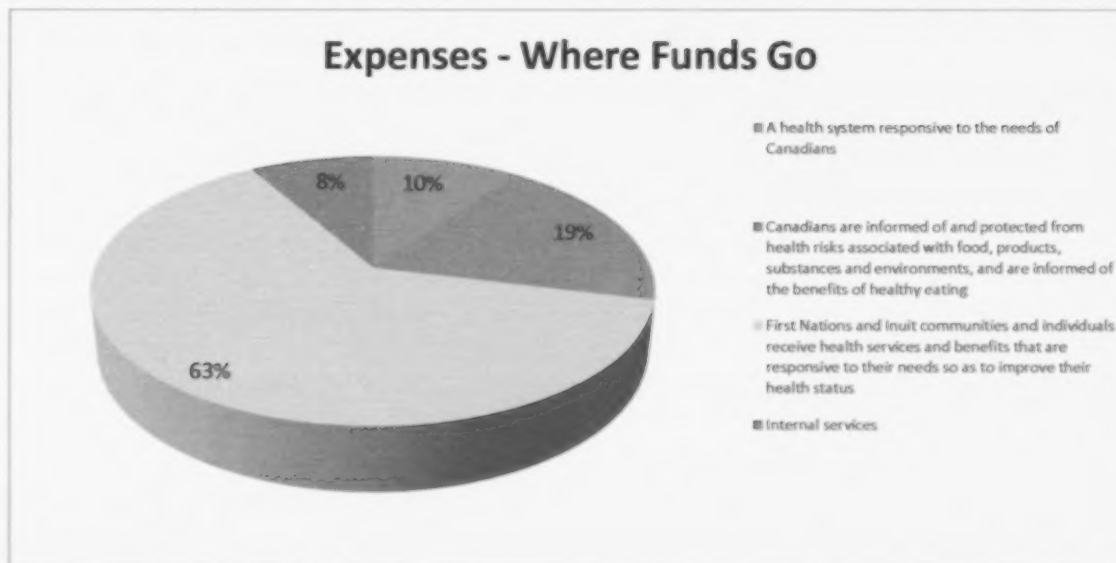


Total assets are anticipated to be \$239.0M for 2013-14, a decrease of \$96.4M from 2012-13 projections.

The breakdown of assets is as follows:

- Due from Consolidated Revenue Fund \$59.3M;
- Accounts receivable and advances \$42.1M net of accounts receivable and advances held on behalf of Government (\$8.9M); and
- Capital assets \$146.4M.

## Expenses by Strategic Outcome

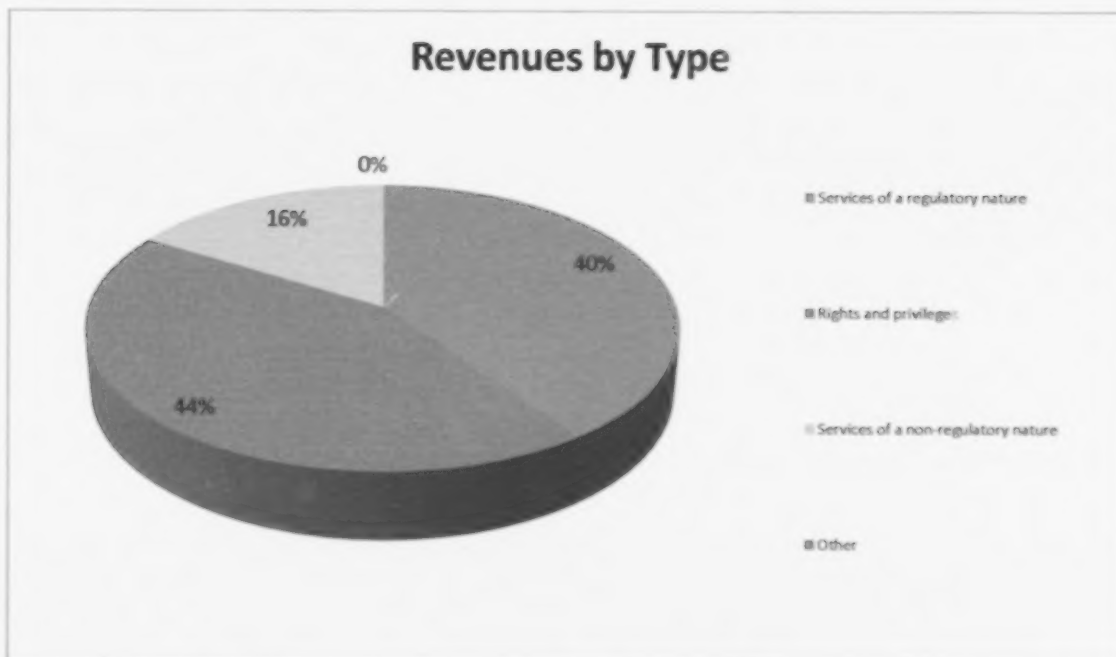


Health Canada is projecting \$3,515.4M in expenses based on 2013-14 Main Estimates and accrued information. This amount does not include supplementary estimates. It represents a decrease of \$461.9M from 2012-13 projections.

The expenses by Strategic Outcome are as follows:

- A health system responsive to the needs of Canadians \$352.8M;
- Canadians are informed of and protected from health risks associated with food, products, substances and environments, and are informed of the benefits of healthy eating \$659.7M;
- First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status \$2,207.8M; and
- Internal services \$295.3M.

## Revenues by Type



Health Canada receives most of its funding through annual Parliamentary appropriations. Health Canada's revenue is generated by program activities that support the above-noted Strategic Outcomes. Health Canada projects total revenues in 2013-14 will be \$115.8M, representing an increase of \$3.1M over 2012-13 projections.

Revenues by Type are as follows:

- Services of a regulatory nature \$53.4M;
  - Rights and privileges \$57.9M; and
  - Services of a non-regulatory nature \$21.9M.
- Of these revenues, \$17.3M is earned on behalf of Government.

## Future-Oriented Financial Statements

Future-oriented financial statements can be found on [Health Canada's website](#).

## **Supplementary Information Tables**

All electronic supplementary information tables can be found in the 2013-14 Report on Plans and Priorities on [Health Canada's website](#).

Details on Transfer Payment Programs (TPPs)  
Up-Front Multi-Year Funding  
Greening Government Operations  
Horizontal Initiatives  
Upcoming Internal Audits and Evaluations over the next three fiscal years  
Sources of Respendable and Non-Respendable Revenue  
Summary of Capital Spending by Program

## **Tax Expenditures and Evaluations Report**

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance publishes cost estimates and projections for these measures annually in the Tax Expenditures and Evaluations<<http://www.fin.gc.ca/purl/taxexp-eng.asp>> publication. The tax measures presented in the Tax Expenditures and Evaluations publication are the sole responsibility of the Minister of Finance.

## **Additional Web links**

[Aboriginal Affairs and Northern Development Canada](#)

[Aboriginal Diabetes Initiative](#)

[Aboriginal Health Human Resources Initiative](#)

[Comprehensive Nuclear-Test-Ban Treaty Implementation Act](#)

[Air Quality](#)

[Assembly of First Nations](#)

[Canada Consumer Product Safety Act](#)

[Canada Health Act](#)

[Canada Health Infoway](#)

[Canadian Agency for Drugs and Technologies](#)

[Canadian Centre for Substance Abuse](#)

[Canadian Food Inspection Agency](#)

[Canadian Institute for Health Information](#)

[Canadian Partnership Against Cancer Corporation](#)

[Canadian Patient Safety Institute](#)

[Communities](#)

[Consumer Product Safety](#)

[Controlled Drugs and Substances Act](#)

[Cosmetics](#)

[Department of Health Act](#)

[Electronic Submission Gateway](#)

[Environment Canada](#)

[Federal Sustainable Development Strategy](#)

[Federal Tobacco Control Strategy](#)

[Food and Drugs Act](#)

[Food and Drugs Act and Regulations](#)

[Globally Harmonized System of Classification and Labelling of Chemicals](#)

[Hazardous Materials Information Review Commission](#)

[Health Canada's website](#)

[Health Care Policy Contribution Program](#)

[Health Council of Canada](#)

[Health Workforce Planning](#)

[Internationally-Educated Health Professionals](#)

[Inuit Tapiriit Kanatami](#)

[Marihuana Medical Access Program](#)



Medical Devices

National Anti-Drug Strategy (NADS)

First Nations Health Authority

National Native Addictions Partnership Foundation

Natural Health Products

NIHB Annual Report

Non-Insured Health Benefits

Nuclear Safety and Control Act

Nutrition

Official Languages Act

Official Languages Health Contribution Program

Open Government

Organization for Economic Cooperation and Development

Pest Control Products Act

Public Health Agency of Canada

Radiation

Radiation emitting devices

Regulatory Cooperation Council

Roadmap

Tobacco Act

Treasury Board of Canada Secretariat

Tripartite Framework Agreement on First Nations Health Governance

U.S. Food and Drug Administration

Veterinary Drugs

Water Quality

## Section IV: Other Items of Interest

### Shared Services

In June 2012, the Deputy Heads of Health Canada and the Public Health Agency of Canada signed a Shared Services Partnership Framework Agreement, which represents a significant innovation in internal service delivery at the federal level. While each organization will retain responsibility for a different set of internal service and corporate functions, this marks the first occasion where two organizations agree to contribute resources under a single service arrangement to serve equally the internal services and corporate management needs of both entities. The creation of this new Partnership was motivated by a joint desire to:

- reduce the overhead costs of internal services by consolidating capacity from the two organizations into shared functions that will benefit from the strengths and perspectives of both parties;
- bring a more “whole of portfolio” perspective to the work of both organizations;
- enable both organizations to structure their NCR and regional operations in more cost effective ways; and
- foster innovation in management and service delivery for the benefit of both organizations.

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